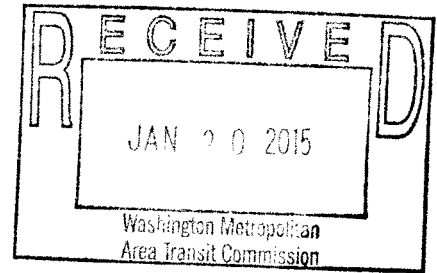


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

601 Kewl, Inc., t/a Kewl Express

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

8302 Water Street Road Walkersville MD 21793-7841

\*Street Address of Principal Place of Business Apt./Suite City State Zip

P.O. Box 217 Walkersville MD 21793-0217

Mailing Address (if different from street address) Apt./Suite City State Zip

(301) 898-8628 kewlcs@kewlinc.com

\*Telephone Other Telephone Fax E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

897600 2466

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. David H. Burke General Manager

\*Name \*Title

(301) 898-8628 kewlcs@kewlinc.com

\*Telephone Other Telephone Fax E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

American Bus Ass'n (202) 842-1645

Name of Registered Agent for Service of Process Telephone E-mail

111 K Street NE, 9th Floor Washington DC 20002

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

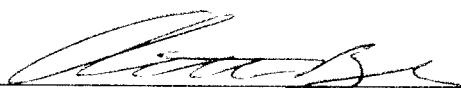
| Fleet No.<br>If applicable | *Model<br>Year | *Make   | *Vehicle VIN<br>(17 digits) | *License Plate<br>Number | *State<br>Registered | *Seating<br>Capacity | Wheelchair<br>Lift or<br>Ramp<br>Yes/No |
|----------------------------|----------------|---------|-----------------------------|--------------------------|----------------------|----------------------|-----------------------------------------|
| 26                         | 2003           | Ford    | 1FB5S31F33HA37254           | 05899P                   | MD                   | 14                   | NO                                      |
| 30                         | 2004           | Lincoln | 1LW8M84W04Y623576           | 01582LM                  | MD                   | 4                    | NO                                      |
| 1037                       | 2004           | Setra   | WKKK34AD843000040           | 016P30                   | MD                   | 56                   | NO                                      |
| 1038                       | 2004           | Setra   | WKKK34AD843000045           | 016P31                   | MD                   | 56                   | NO                                      |
|                            |                |         |                             |                          |                      |                      |                                         |
|                            |                |         |                             |                          |                      |                      |                                         |
|                            |                |         |                             |                          |                      |                      |                                         |
|                            |                |         |                             |                          |                      |                      |                                         |
|                            |                |         |                             |                          |                      |                      |                                         |
|                            |                |         |                             |                          |                      |                      |                                         |

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Arthur Burke  
\*Name (type or print)

Vice President  
\*Title (not required for sole proprietors)

  
\*Signature

1/12/15  
\*Date